State of California—Health and Welfare Agency Form Approved OMB No. 2050—0039 (Expires 9-30-88) Department of Health Service Toxic Substances Control Division Sacramento, California Please print or type. (Form designed for use on elite (12-pitch typewriter). 2. Page t 1. Generator's US EPA ID No. information in the shaded areas **UNIFORM HAZARDOUS** C A D 9 8 2 0 1 18 7 2 3 0 0 0 0 0 0 0 0 Of is not required by Federal law WASTE MANIFEST A. State Manifest Document Number Generator's reame and Mailing Address 87506659 COMPETITIVE TRAILERS B. State Generator s ID 8832 Remona St., Bellflower, CA 90706 4. Generator's Phone (213) 934-2006 C. State Transporter's ID 803777 US EPA ID Number 5. Transporter 1 Company Name D. Transporter's Phone 213) 解發出數 BETTERBILT CHEMICALS, INC. Q A D 9 8 1 6 8 6 2 4 9 E. State Transporter's ID 7. Transporter 2 Company Name F. Transporter's Phone G. State Facility's ID 9. Designated Facility Name and Site Address US EPA ID Number CADO4121214150011 OMEGA RECOVERY SERVICES H. Facility's Phone 12504 E. Whittier Blvd. 1 Q A D 0 4 2 2 4 5 0 0 1 Whittier, CA 90602 13. Total Quantity 12. Containers 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) Wt/Vo EPA/Other OOI DIR OMOING WASTE, FLAMMABLE LIQUID N.O.S. UN1993 D001 NER State h. EPA/Other A T 0 State EPA/Other State EPA/Other K. Handling Codes for Wastes Listed Above J. Additional Descriptions for Materials Listed Above 01 WASH THINNER C. d. 15. Special Handling Instructions and Additional Information GLOVES & GOGGLES GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to numan health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford Vear Printed/Typed Name

Printed/Typed Name
Printed/Typed Name
RICHARD SENTENO

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name
Richard Signature
Signature
Signature
Wonth Day Year

Month Day Year

Month Day Year

Signature

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in fitem 19

Signature

Month Day Year

Signature

Signature

Month Day Year

DHS 8022 A (1/87)

EPA 8700-22 (Rev. 9-86) Previous editions are obsolete. White: TSDF SENDS THIS COPY TO DOHS WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

To: P.O. Box 3000, Sacramento, CA 95812